



Jerusalem Grand Chapter



Order of the Eastern Star

State of Florida and St. John US Virgin Islands Jurisdiction, PHA

Under the Protection of

The Most Worshipful Union Grand Lodge of Florida & Belize, Central America
Free and Accepted Masons, Prince Hall Affiliated

ESBA NOTIFICATION CLAIM FORM

Please complete this Notification Form (*print or type*) as soon as you are notified of a member's death.

*Must be filled in.

A. NAME OF CHAPTER* _____ NO. _____

B. MEMBER INFORMATION

Full Legal Name: * _____

Address:* Number: _____ Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date of Birth:* _____ (MM/DD/YYYY) Date of Death: * _____ (M/DD/YYYY)

C. BENEFICIARY INFORMATION

Full Legal Name: * _____

Beneficiary Phone Number:* (_____) _____ or (_____) _____

Address: * Number: _____ Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

D. SIGNATURES

Worthy Matron*

Secretary*

Date: * _____

Date: * _____

Worthy Matron Address: _____ Phone _____

City _____ State _____ Zip _____

FOR OFFICE USE ONLY

Date Funds Submitted _____ Amount _____ Check # _____

Date of Membership _____

Please return signed original form to the Office of the ESBA Grand Secretary.
Attn: TinaMarie N Campbell *** 262 Van Loon Ave, NE *** Palm Bay, FL 32907
Retain one copy with the Chapter Archives.